

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	
Filing Date::	
Application Type::	Regular (371 National Entry)
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	YES - Sequence Listing Transfer
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHODS FOR DIAGNOSIS AND PROGNOSIS OF CANCERS OF EPITHELIAL ORIGIN
Attorney Docket Number::	701039-054482
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	7
Small Entity?::	Yes

Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Marsha
Middle Name::	A.
Family Name::	Moses
Name Suffix::	
City of Residence::	Brookline
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	64 Dean Road
City of mailing address::	Brookline
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing	

address::	02445
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Applicant Authority Type::	Inventor
Primary Citizenship Country::	IN
Status::	Full capacity
Given Name::	Roopali
Middle Name::	
Family Name::	Roy
Name Suffix::	
City of Residence::	Attleboro
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	300 O'Neil Blvd., Apt#6
City of mailing address::	Attleboro
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02703-5121

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	50828
Name::	David S. Resnick NIXON PEABODY LLP

Street of mailing address::	100 Summer Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02110-2131
Phone number::	(617) 345-1000, X6057
Fax number::	(617) 345-1300
E-Mail address::	dresnick@nixonpeabody.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	50828
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OR

Representative Designation::	Registration Number::	Representative Name::
Attorney of Record	30,628	Ronald I. Eisenstein
Attorney of Record	34,235	David S. Resnick
Agent	L0207	Leena H. Karttunen
Agent	58,109	Candace M. Summerford
Attorney	30,727	Michael L. Goldman

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	371 National Stage of	PCT/US2005/000714	01/10/2005
PCT/US2005/000714	An application claiming the benefit under 35 USC 119(e)	60/535,306	01/09/2004

FOREIGN PRIORITY INFORMATION

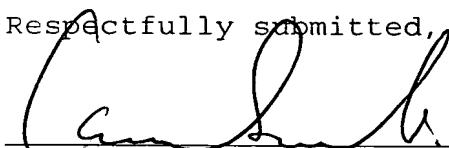
Country::	Application number::	Filing Date::	Priority Claimed::

ASSIGNEE INFORMATION

Assignee name::	Children's Medical Center Corporation
Street of mailing address::	55 Shattuck Street
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02115

Date: 7/07/07

Respectfully submitted,



David S. Resnick (Reg. No. 34,235)
Candace M. Summerford (Reg. No. 58,109)
NIXON PEABODY LLP
100 Summer Street
Boston, MA 02110
(617) 345-6057